1. **CALL TO ORDER**

Chairperson, Lascel Webley Jr., called the meeting to order at 4:05 pm.
2. **ANNOUNCEMENTS**
   A. Ellen Holliman, Chief Executive Officer, announced the appointment of Lloyd Merithew as the Chief Information Officer, and Carlyle Johnson as the Clinical Program Development and Design Administrator.
   B. Chairman Webley announced that the FY14 Budget Retreat is scheduled for Tuesday, February 12, 2013 from 10 am to 2 pm; this will be a working lunch. Chairman Webley encouraged Board Members to weigh in on Alliance’s organizational and budgetary priorities.
   
   **No Motion required.**

3. **AGENDA ADJUSTMENTS**
   A. Agenda item number 9 was tabled and rescheduled the February 7, 2013 meeting.
   B. Ann Akland gave a brief update on state legislation; the short session resulted in a funding cut for group homes; the cut will impact a Medicaid service called personal care services; it is expected that funding will be reduced 20% to 30% for each group home. NAMI has engaged in an advocacy campaign stating this type of reduction will result in smaller group homes going out of business.
   
   **No Motion required.**

4. **PUBLIC COMMENT**
   Dan Shaw, CFAC member, wanted to let the Board know that as a consumer of I/DD and MH services his life has been positively impacted and he is very appreciative of provider services and all the work the Alliance staff performs.
   
   **No Motion required.**

5. **FINANCE COMMITTEE REPORT**
   The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Area Board. The Finance Committee meets monthly at 3:00 p.m. prior to the regular Area Board meeting. Draft minutes from the November 1, 2012 meeting were attached.
   
   **No Motion required.**

6. **EXECUTIVE COMMITTEE REPORTS**
   A. Quality Management Report
   B. Human Rights Committee Report
   C. Consumer Family Advocate Committee (CFAC)
   D. Executive Committee Report

   **A Motion was made by John Barry** to accept the Reports as presented; **seconded by Dr. Nancy Henley.**
7. **CONSENT AGENDA**
   A. Draft minutes from the November 1, 2012 Board Meeting were attached. A **Motion was made by Ann Akland** to approve the Board Meeting minutes with corrected attendance of Barbara Gardner; **seconded by Scott Taylor**.

8. **BOARD POLICY REVISION**
   Vee Willis, Director of Human Resources, presented revised language for Alliance Behavioral Health leave policy. In January 2013 Alliance’s call center changed to a 24/7 operation. As a result, there was a need for some staff to work on holidays. After review of other managed care organizations and area local government pay programs, holiday compensation is recommended for call center staff. In addition to pay for hours worked on the assigned shift, a holiday allowance of $150 dollars will be paid to the employee working on the holiday. A more detailed procedure will be developed to implement the change.

   A **Motion was made by Dr. Nancy Henley** to approve the revised policy revision as presented; **seconded by Ann Akland**.

9. **BOARD TRAINING**
   Tracy Hayes, General Counsel, was scheduled to present a power-point presentation on Consumer Appeals. Due to time constraints, this item was rescheduled for the February 7, 2013 meeting. **No Motion required.**

10. **APPOINTMENT OF A PROCESS AGENT**
    Tracy Hayes, General Counsel, presented the Board with a request to appoint the Alliance General Counsel as Process Agent for Alliance Behavioral Healthcare.

    A **Motion was made by George Quick** to appoint Tracy Hayes as the Alliance Process Agent; **seconded by Phil Golden**.

11. **ALLIANCE BEHAVIORAL HEALTHCARE UPDATES**
    Ellen Holliman, Chief Executive Officer, addressed three updates for the Board:

    A. **Contracts with Johnston and Cumberland LMEs**
       The call center soft-transfer will “go live” December 17, 2012 for Cumberland county and January 1, 2013 for Johnston county. This is important because state dollars will be authorized by Alliance corporate staff in addition to screening, triage, and referrals. Alliance wants to make sure the call-center systems work prior to Alliance “go live” with the Medicaid Waiver on February 1, 2013.

    B. Alliance requested a delay in the Medicaid Waiver start date from January 1, 2013 to February 1, 2013. Secretary Delia approved the request.
C. Alternative Board Structure

Ellen handed out a letter from Secretary Delia in which he approved the alternative board structure.

No Motion required.

12. BOARD SEATS FOR CUMBERLAND AND JOHNSTON LMEs

Ellen Holliman, Chief Executive Officer, delivered the history on Board seats since signing the Interlocal Agreements with Cumberland and Johnston counties. Ms. Holliman came before the Board with a request on behalf of Cumberland and Johnston county BOCCs and its area boards to have additional voting board seats through the Interlocal Agreement; both counties have signed letters of intent and board resolutions. Mr. Quick asked if Cumberland and Johnston counties were invited to merge with Durham and Wake LMEs; Ms. Holliman stated they were not invited to merge as it was originally not a point of discussion.

A Motion was made by George Quick to consider additional board seats for Cumberland and Johnston counties upon negotiations of a future merger; seconded by Jim Edgerton.

13. DIVESTITURE OF WAKE BEHAVIORAL SERVICES

Rob Robinson, Chief Operations Officer, and Jennifer Ternay, Consultant, provided a slide presentation which covered the divestiture and transition of Wake Behavioral Services.

No Motion required.

14. CLOSED SESSION

Chairman Webley called for a closed session in accordance with N.C.G.S. § 143-318.11.

(a) Permitted Purposes. – It is the policy of this State that closed sessions shall be held only when required to permit a public body to act in the public interest as permitted in this section. A public body may hold a closed session and exclude the public only when a closed session is required:

(3) To consult with an attorney employed or retained by the public body in order to preserve the attorney-client privilege between the attorney and the public body, which privilege is hereby acknowledged. General policy matters may not be discussed in a closed session and nothing herein shall be construed to permit a public body to close a meeting that otherwise would be open merely because an attorney employed or retained by the public body is a participant. The public body may consider and give instructions to an attorney concerning the handling or settlement of a claim, judicial action, mediation, arbitration, or administrative procedure. If the public body has approved or considered a settlement, other than a malpractice settlement by or on behalf of a hospital, in closed session, the terms of that settlement shall be reported to the public body and entered into its minutes as soon as possible within a reasonable time after the settlement is concluded.

No Motion taken or required.
15. **CHAIRMAN’S REPORT**
Chairman Webley reminded the Board there would not be a January 2013 meeting. In addition, Chairman Webley stated that the Executive Committee meeting will be held on Tuesday, February 12, 2013 in the morning along with the FY14 Budget Retreat scheduled for the afternoon.

16. **ADJOURNMENT**
With all business being completed the meeting was adjourned at 6:15 pm.

Respectfully submitted:

__________________________
Ellen S. Holliman, Chief Executive Officer

2/7/13

Date Approved
ITEM: Finance Committee Minutes from November 1, 2012 meeting

DATE OF BOARD MEETING: December 13, 2012

REQUEST FOR AREA BOARD ACTION:
The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Area Board. The Finance Committee meets monthly at 3:00 p.m. prior to the regular Area Board meeting. Draft minutes from the November 1, 2012 meeting are attached.

CEO RECOMMENDATION:
Accept the Minutes as presented.

RESOURCE PERSON(S):
Ellen Holliman
Sara Pacholke
ITEM: Executive Committee Reports

DATE OF BOARD MEETING: December 13, 2012

A. Quality Management Report
The Quality Management Committee serves as the Board’s Monitoring and Evaluation Committee charged with the review of statistical data and provider monitoring reports. Final minutes from the October 4, 2012 meeting are attached.

B. Human Rights Committee Report
The purpose of the Human Rights Committee is to oversee the protection of client rights, identify and report to the Area Board system issues which negatively impact client rights. The committee met on November 27, 2012. There are no final minutes to report.

C. Consumer and Family Advisory Committee
The Alliance CFAC (Consumer and Family Advisory Committee) was formed in August 14, 2012 as an advisory committee to the Alliance Behavioral Healthcare organization; this merged CFAC from Durham and Wake counties fulfill the State’s requirement established by the 2001 reform legislation. Alliance CFAC meets at 5:30 pm the first Monday of every other month with sub-committees in Durham and Wake meeting on the first Monday at 5:30 pm on opposite months. Final minutes from the October 1, 2012 meeting are attached.

D. Executive Committee Report
The Executive Committee sets the agenda for Area Board meetings and acts in lieu of the Area Board between meetings. Actions by the Executive Committee are reported to the full Area Board. Draft minutes from the October 9, 2012 are attached.

CEO RECOMMENDATION:
Accept the Reports as presented.

RESOURCE PERSON(S):
Ellen Holliman
Lena Klumper
Doug Wright
### Alliance Behavioral Healthcare
#### Quality Management Committee Minutes – FINAL
#### October 4, 2012

<table>
<thead>
<tr>
<th>Committee name:</th>
<th>Quality Management Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting date:</td>
<td>October 4, 2012</td>
</tr>
<tr>
<td>Report submitted by:</td>
<td>Tina M. Howard, MA; Chair: John Barry</td>
</tr>
<tr>
<td>Members Present:</td>
<td>John Barry (Chair), MSW, MBA; Lascel Webley, Jr. (Board Chair), BS, MBA, MHA; Joe Kilsheimer, MBA (Durham County CFAC member); George Corvin, MD; and Nancy Henley, MD</td>
</tr>
<tr>
<td>Members Absent:</td>
<td>Phil Golden, Area Board and Ann Ackland, Wake County CFAC member</td>
</tr>
<tr>
<td>Staff Present:</td>
<td>Khalil Tanas, MD, Medical Director; Tina Howard, MA, Quality Review Manager; Matt Ruppel, MSW, QM Grievance Specialist; and Rita Pompey, MA, QM Business Analyst</td>
</tr>
<tr>
<td>Staff Absent:</td>
<td>Lena Klumper, PhD, Quality Management Director</td>
</tr>
<tr>
<td>Community Providers Present:</td>
<td>None</td>
</tr>
<tr>
<td>Community Providers Absent:</td>
<td>None</td>
</tr>
</tbody>
</table>

**Topic:** Minutes for September 2012

**Brief description of Topic:** Motion for approval of minutes as written by Joe, seconded by George. Motion approved.

**Follow-up items:**
- **QIPs** – Tina did make corrections suggested by GQMC.
- **First Responder Report** – Results were emailed to Provider Networks, results will be presented to CFAC in November, need to be put on agenda for Durham Provider Advisory Council. Follow up calls to Durham providers will be made in November. Another test of Wake, Cumberland, and Johnston providers will take place in Spring 2013. Guidance documents will be placed on website.
- **Wake/Durham Crisis Data** – Questions by committee will be addressed in a future report (data is currently unavailable)

**Announcements:** Alliance is recruiting volunteers for the Strategic Planning Advisory Team. If interested, please contact Tina at thoward@alliancebhc.org. The time commitment will be minimal until after the new year, then there will be several meetings and requests to review documents.

**Next steps:** Schedule an update on QIPs at December or January meeting.
<table>
<thead>
<tr>
<th><strong>Topic:</strong></th>
<th>QM Implementation Update-post Mercer (Dr. Tanas, Rita, Tina)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief description of Topic:</td>
<td>Rita discussed the Implementation Update per the post-Mercer review. Alliance has submitted a detailed Risk Management Plan to Mercer, outlining the data-driven approach to managing risks through monitoring of early warning indicators. The Plan listed nine (9) key focus areas of data analysis, reporting and drill-down, along with eleven (11) Department Dashboards.</td>
</tr>
<tr>
<td>Actions Taken:</td>
<td>Alliance has contracted Intellinet Business Intelligence Solutions to create interactive and multi-dimensional tools, which will allow data to be pulled from the data warehouse, AlphaMCS, and other sources in real-time. The data will be able to be sorted, sliced and grouped multiple ways to create various perspectives from a particular report category.</td>
</tr>
<tr>
<td>Next steps:</td>
<td>The first 9 tools are to be completed and tested by the end of October.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Topic:</strong></th>
<th>Edits to 2012 Strategic Plan Update (Tina)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief description of Topic:</td>
<td>Tina presented the Strategic Plan Update report that had been revised by this committee. Most of the revisions involved grammar and spelling corrections and clarifying language.</td>
</tr>
<tr>
<td>Actions Taken:</td>
<td>The final report was reviewed by the committee.</td>
</tr>
<tr>
<td>Next steps:</td>
<td>The final report will be presented to the Durham and Wake CFACs in November. Planning for a comprehensive 3-year Strategic Plan for the four county area will begin in December.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Report:</strong></th>
<th>FY 12 Grievance Report (Matt)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority/frequency:</td>
<td>High/Quarterly</td>
</tr>
<tr>
<td>Brief description of data reviewed:</td>
<td>Matt presented the grievance data for FY12, including quality of care concerns for the 2nd, 3rd, and 4th quarters. Quality of Care concerns are service quality or consumer safety issues that UM Care Managers notice in authorization requests.</td>
</tr>
<tr>
<td>Analysis</td>
<td>There were 100 grievances filed for Durham in the 4th Q. LME staff were responsible for reporting the most grievances, primarily because they submitted Quality of Care concerns. 32 consumers and 4 family members submitted grievances. Quality of care concerns reported by LME UM staff are the most frequently reported concerns. LME staff reported 51% and 37% of the total grievances in the third and fourth quarters respectively. Intensive In-Home is the service type that is most frequently linked to grievances, representing 24% of documented grievances for FY12.</td>
</tr>
<tr>
<td>Actions taken:</td>
<td>The need for a QIP focused on Intensive In-Home has been identified. QM and UM staff are developing a policy and procedure for Quality of Care Concerns to be utilized when the LME/MCO is implemented. Grievance data for FY12 has been reported to CCMT and CQI.</td>
</tr>
<tr>
<td>Next steps:</td>
<td>Develop report that represents grievances in terms of total number of authorizations by service. Train new Alliance Behavioral Healthcare staff on grievance entry in Alpha.</td>
</tr>
<tr>
<td>Report:</td>
<td>FY 12, 4th Q Performance Indicators (Tina)</td>
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<td>---------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Priority/frequency:</td>
<td>High/Quarterly</td>
</tr>
<tr>
<td>Brief description of data reviewed:</td>
<td>The Division of MH/DD/SAS releases a report every quarter of LME performance on system indicators required by the LME contract.</td>
</tr>
<tr>
<td>Analysis</td>
<td>On average, the four counties met 60% of the performance indicators, below our goal. Durham met 85% of the measures, Wake 30%, and Johnston and Cumberland met 55% and 70% of the measures, respectively. The performance in Wake is not surprising given the substantial staff transitions in the 3rd &amp; 4th Quarters. Alliance’s top priority is to improve performance on measures related to crisis services—readmissions and follow up after discharge. In addition to performance on crisis measures, timely support of individuals with I/DD fell below the state standards in Durham, Wake, and Johnston Counties. The data in Johnston seems inaccurate. Alliance believes performance will improve with addition of Care Coordination staff.</td>
</tr>
<tr>
<td>Actions taken:</td>
<td>Each site is creating a crisis reduction plan and this committee approved a QIP focused on reducing admissions to Emergency Rooms.</td>
</tr>
<tr>
<td>Next steps:</td>
<td>QM will present an update on the crisis reduction plans and ER QIP at December or January GQMC meeting.</td>
</tr>
<tr>
<td>Next Meeting:</td>
<td>The next meeting is scheduled for Thursday, November 1, 2012, from 2 – 3:30. The draft QIP reports for FY 12, authorizations, Call Center data, and the Mystery Caller Report will be presented.</td>
</tr>
</tbody>
</table>
ABHC Consumer Family Advisory Committee (CFAC)
Minutes
October 1, 2012

Members Present:  
- Tammy Herring [LME]
- Vivian Harris [Johnetta Alston] [Debra Duncan]
- Amelia Thorpe [Caroline Ambrose] [Ann Oshel]
- Frank Edwards [Dave Curro] [Carlyle Johnson]
- Colleen Kilsheimer [Marc Jacobs]
- Orah Raia [Anna Cunningham]
- Maribel Rivera-Elias [David Smith]
- J. Dan Shaw [Joe Kilsheimer]
- Hermann Bennhausen
- Sharon O’Brien [State Staff]
- Jim Henry [Glenda Stokes]

Start Time

<table>
<thead>
<tr>
<th>CFAC Agenda Item</th>
<th>CFAC Discussion, Conclusions, Recommendations</th>
<th>CFAC Action, Follow-up</th>
<th>Person Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome</td>
<td>Vivian and Marc welcomed the group to the second ABHC CFAC meeting.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stipends</td>
<td>Debra Duncan walked CFAC members through the ABHC required paper work for stipends. All members must complete the W-9, vendor profile and stipend request form in order to be eligible to receive the stipend for attending the CFAC meetings. This will be in the amount of $25.00 per month.</td>
<td>Absent members must complete and submit the information in order to receive the stipend.</td>
<td>CFAC members</td>
</tr>
<tr>
<td>Transportation</td>
<td>ABHC has a policy that employees will not provide transportation in personal or company cars for consumers or their family members. CFAC member requiring transportation will need to determine other arrangements. Members discussed several options, including carpooling, using local bus systems as well as the Para-transport system (T-linx/Data Access).</td>
<td>Debra will determine how these may be accessed.</td>
<td>Debra Duncan</td>
</tr>
<tr>
<td>Review of Membership List</td>
<td>Data sheet was passed around for CFAC members to complete. ABHC needs to collect data for members.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Topic</td>
<td>Action</td>
<td>Notes</td>
<td></td>
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</tbody>
</table>
| **Appointment recommendations to ABHC for committee appointments to Board QM and Client Rights committees** | CFAC members are encouraged to participate in the QM and Clients Rights committees. Joe Kilsheimer attends the QM meetings, and Colleen attends the Client Rights meetings at this time. CFAC members are very passionate about being included on the board but are sensitive to the changes happening with the merger and the collaborative agreements. CFAC will develop a plan to determine how they would like a member to be chosen for the ABHC board.  
 *The motion was made, seconded and passed: “CFAC requests that Alliance Behavioral Healthcare follow the state recommendations that a CFAC member be a member of the governing board of the mental health management agency.”*  
 ABHC has requested that CFAC wait until January to pursue membership (After the merger and collaborative agreements have been completed). | Debra will determine the time and dates of the committees and provide information to ABHC CFAC at next meeting.  
 Marc and Vivian volunteered to draft a statement from CFAC to express the ABHC CFAC’s position on this. |
| **Relational Agreement** | CFAC members discussed the merging of the relational agreements (Wake and Durham’s). Vivian submitted a draft agreement for review. | Copies of the proposed agreement and of Wake’s previous agreement will be shared via email with members for review. Feedback is due by Oct. 22.  
 Vivian Harris and CFAC members |
| **MCO Update** | Mercer site review provided a great deal of feedback. ABHC is doing well. The IT systems and the reporting systems need to be enhanced and this is in the process now. |  
 |
Mercer will provide a final written report within the next week. The next review is November 8, 2012. ABHC took note of the issues that were announced from other MCO’s and are working hard to avoid these.

ABHC is currently hiring for several positions. It is expected that these will be filled and staff will be on the job by November 1, 2012.

CFAC has been asked to direct all questions and feedback for the Readiness Review to ABHC and DWAC - Kelly Crosby

### Budget Reductions

The ABHC Board meets on Thursday, 10/4/12 and the final recommendations for the budget will be presented. The cuts have been hard and will impact everyone. Wake and Durham have different budgets due to population size and composition. A public statement will be released as soon as the final budget cuts are determined.

CFAC members pointed out that the PCP’s (especially CAP MR/DD) not in compliance at this time are costing a great deal of money and could be a significant savings once in compliance. Currently this savings will go back to the state.

Ann will share the final cuts as soon as possible with CFAC via email

### Other

ABHC does not have call-in capacity for the CFAC meetings at this time. All ABHC CFAC meetings are recorded and DATACOM will look into making these available to other CFAC members.

Co-Chairs met with ABHC staff on Monday, October 24 to determine CFAC needs. ABHC will continue to provide stipends for the ABHC CFAC members (36) as well as provide a budget for the food/supplies needed. Trosa will continue to provide meeting space and food for the

Ann Oshel
Durham subcommittee. DeDe Severino will staff the Wake subcommittee and arrange the food and supplies needed. Debra Duncan will staff the Durham subcommittee and the ABHC CFAC meetings (arranging supplies and food as needed).

ABHC will work to provide training and funding for workshops as allowed by current budget.

Cumberland and Johnston counties are interested in meeting with ABHC CFAC as soon as possible to discuss the collaboration of these three groups. This will continue to be discussed within the ABHC CFAC until it is determined how this should be structured.

Next meeting:
Durham and Wake Sub Committees: November 5, 2012
ABHC CFAC: December 3, 2012
Executive Committee Minutes

Date: October 9, 2012  
Present: Lascel Webley Jr., Nancy Henley, Phil Golden, Ellen Holliman, George Quick, Ann Akland, Jim Edgerton, Bill Stanford, Rob Robinson  
Guests: Don Willis, Denise Foreman, Barbara Gardner (via phone), Dr. George Corvin, Doug Fuller, Lorrie Beal (scribe)  
Absent: 

<table>
<thead>
<tr>
<th>Topic</th>
<th>Data</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agenda Items</td>
<td>Meeting was called to order by Lascel Webley at 8:53 am</td>
<td></td>
</tr>
<tr>
<td>Approve minutes of the September 11, 2012 Executive Committee meeting</td>
<td>A Motion was made by George Quick to approve the minutes as presented; seconded by Bill Stanford.</td>
<td></td>
</tr>
<tr>
<td>Interview applicants for appointment to the Alliance vacant board seat</td>
<td>The following applicants were invited to attend the September 2012 Board meeting to speak about their experience which they believe qualifies them to sit on the Alliance Board; they were Doug Wright, Amelia Thorpe, Robin Peer and William Traywick. Subsequent to the September meeting, Doug Wright applied and was selected for the position of Director of Consumer Affairs. The Executive Committee discussed applicants’ qualifications and it was decided that Amelia Thorpe would be invited to join the Board.</td>
<td>A Motion was made by George Quick to appoint Amelia Thorpe to the Board; seconded by Ann Akland.</td>
</tr>
<tr>
<td>Cumberland County Merger Discussions</td>
<td>Don Willis presented documents to the Committee – Process for Merger Negotiations and Background on Cumberland Area Authority and Alliance Behavioral Healthcare Area Authority. The Committee discussed the pros and cons regarding merger and its impact on Alliance. A Motion was made by Bill Stanford for Alliance to go forward with merger discussions; seconded by George Quick.</td>
<td>The Committee asked Ellen Holliman to send a letter to Cumberland BOCC and state the merger issue is under advisement; Wake and Durham BOCCs will also be informed.</td>
</tr>
<tr>
<td>Code of Ethics</td>
<td>Monica Portugal presented Code of Ethics information that was very straight forward and in line with DMA. Staff will be trained and asked to sign a document; failure to follow these requirements may result in employee discipline and the Code of Ethics is mandated by Mercer and the state Compliance plan. Chairman Webley will take this item to the Board for approval.</td>
<td>A Motion was made by George Quick to approve the Code of Ethics as presented; seconded by Ann Akland.</td>
</tr>
<tr>
<td>Divestiture of Wake Behavioral Health</td>
<td>UNC is looking at providing crisis services for Wake Behavioral; there is an agreement between Wake Med and UNC; UNC must honor this agreement; UNC is basically responsible for 28 beds (up to $30 million) and $10 million over 5 years; taking on the crisis services hopefully will lower the impact on emergency services; both consumers and staff will be transitioned to UNC</td>
<td>Denise Foreman stated that by December 7, 2012 Wake County will have a list of divested services.</td>
</tr>
<tr>
<td>Proposed Wake site</td>
<td>There was a recommendation from the Finance Committee to proceed with negotiations to enter into a lease agreement with Highwoods.</td>
<td>A Motion was made by George Quick to proceed with lease negotiations; seconded by Nancy Henley.</td>
</tr>
<tr>
<td>November 1, 2012 regular meeting</td>
<td>The committee approved the agenda with the following items: Brief discussion on Mercer site visit of November 8, 2012, IPad training, North Carolina Council conference, reschedule December 2012 meeting due to the conflict with NC Council conference, and Wake Behavioral Healthcare update.</td>
<td></td>
</tr>
</tbody>
</table>

Executive Committee adjourned at 11:00 am.

Minutes approved:
ITEM: Consent Agenda

DATE OF BOARD MEETING: December 13, 2012

REQUEST FOR AREA BOARD ACTION:
Approve the draft minutes from the November 1, 2012 Board meeting.

CEO RECOMMENDATION:
Approve the Consent Agenda as presented.

RESOURCE PERSON(S):
Ellen Holliman
Alliance Behavioral Healthcare  
Area Board Meeting  
Thursday, November 1, 2012  
4:00 pm – 6:00 pm

MINUTES

PLACE:  
Alliance Behavioral Healthcare, 4600 Emperor Blvd., Durham, NC 27703, Room 208

MEMBERS PRESENT:  
Lascel Webley, Jr., Chairperson  
Dr. Nancy Henley  
Ann Akland  
John Barry  
Dr. George Corvin  
Jim Edgerton (via telephone)  
Phillip Golden  
Michael D. Page  
George Quick  
William Stanford  
Scott Taylor  
Amelia Thorpe  
Ellen Holliman

MEMBERS ABSENT:  
Monique Holsey Hyman

GUESTS PRESENT:  
Yvonne French, and Denise Foreman

STAFF PRESENT:  
Rob Robinson, Kelly Goodfellow, Sara Pacholke, Lena Klumper, Monica Portugal, James Osborn, Amanda Graham, Sean Schreiber, Ann Oshel, Carlyle Johnson, Doug Fuller, Doug Wright, Lorrie Beal, and Don Willis, Consultant

1. CALL TO ORDER  
Chairperson, Lascel Webley Jr., called the meeting to order at 4:05 pm.

2. ANNOUNCEMENTS  
A. Chairperson Webley offered a warm welcome to Alliance’s new Legal Counsel, Tracy Hayes.  
B. Chairperson Webley administered the Oath of Office to new board member, Amelia Thorpe. Ms. Thorpe occupies the seat that represents mental health/substance abuse consumers.
2. **ANNOUNCEMENTS (continued)**
   
   C. Chairman Webley reminded the Board that the NC Council Conference will be held on Wednesday, December 5 through Friday, December 7, 2012 in Pinehurst, North Carolina. Interested Board Members should contact Lorrie Beal.

   D. Since the Conference conflicts with the Alliance Behavioral Healthcare’s scheduled meeting of December 6, 2012, Chairman Webley entertained a discussion regarding changing the December meeting date. It was agreed the December meeting be held on Thursday, December 13, 2012 from 4 pm to 6 pm.

3. **AGENDA ADJUSTMENTS**
   
   There were no agenda adjustments.

4. **PUBLIC COMMENT**
   
   There was no public comment

5. **FINANCE COMMITTEE REPORT**
   
   The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Area Board. The Finance Committee meets monthly at 3:00 p.m., prior to the regular Area Board meeting. Draft minutes from the October 4, 2012 meeting were attached.
   
   **No Motion required.**

6. **EXECUTIVE COMMITTEE REPORTS**

   A. Quality Management Report
   B. Human Rights Committee Report
   C. Consumer Family Advocate Committee (CFAC)
   C. Executive Committee Report

   A Motion was made by Phil Golden to accept the Reports as presented; seconded by Scott Taylor

7. **CONSENT AGENDA**

   A. A request from Ellen Holliman, Area Director, to approve the Information and Technology policies presented at the October 4, 2012 meeting.
   B. A request from Ellen Holliman, Area Director, to approve Code of Ethics Standards and Policy presented at the October 4, 2012 meeting.
   C. A request from Ellen Holliman, Area Director, to approve the minutes from the October 4, 2012 Board meeting.

   A Motion was made by George Quick to approve the Consent Agenda as presented; seconded by Phil Golden.
8. **QUALITY MANAGEMENT REPORT**
   Lena Klumper, Director of Quality Management, provided the Board with a power-point presentation which highlighted the Wake and Durham Crisis Data FY12.
   
   **No Motion required.**

9. **UPDATE OF MERGER REQUEST FROM CUMBERLAND COUNTY BOARD OF COMMISSIONERS**
   Ellen Holliman, Area Director, provided the Board with an update on Cumberland’s merger request. Ms. Holliman stated that a process for moving forward with merger conversations has been developed; she also stated that the Cumberland BOCC is slated to approve the Alliance Behavioral Healthcare board resolution. It is the intent of Alliance Behavioral Healthcare to work cooperatively with Cumberland BOCC and its community in providing input for a recommendation for the Board seats.
   
   **No Motion required.**

10. **UPDATE OF 60-DAY MERCER VISIT**
    Amanda Graham, Medicaid Program Director, provided the Board with an update on the plans for the Mercer 60-day site review scheduled for November 8, 2012. Along with Mercer staff, the site review will also include staff from Division of Mental Health (DMH) and Division of Medical Assistance (DMA). Areas of readiness will include Information Technology, reporting, policies and procedures, and processing of claims. Ms. Graham invited Board Members to attend the site review.
    
    **No Motion required.**

11. **UPDATE ON FINAL BUDGET**
    Kelly Goodfellow, Chief Financial Officer, provided the Board with an update on the FY13 budget. Ms. Goodfellow asked the Board to review the budget ordinance amendment and approve in accordance with G.S.159-15.
    
    A **Motion was made by Bill Stanford and unanimously approved by the Board** to approve the Budget Ordinance Amendment as presented.

12. **UPDATE ON UNC-WAKE COUNTY-ALLIANCE AGREEMENT**
    Rob Robinson, Chief Operating Officer, provided the Board with an update on the progress being made with relationships and the agreement between UNC Health Care, Wake County and Alliance Behavioral Healthcare. Mr. Robinson stated that UNC will take on Wakebrook crisis services; he also stated that a written plan of action should be in place by December 1, 2012.
    
    **No Motion required.**
13. **CHAIRMAN’S REPORT**
Chairman Webley publicly acknowledged the Alliance staff for their hard work and effort that has led the agency to the 60-day Mercer technical assistance site review scheduled for November 8, 2012.

14. **ADJOURNMENT**
With all business being completed the meeting was adjourned at 5:32 pm.

Respectfully submitted:

____________________
Ellen S. Holliman, Chief Executive Officer

Date Approved
ITEM: Employee Leave Policy

DATE OF BOARD MEETING: December 13, 2012

REQUEST FOR AREA BOARD ACTION:
Review and approve change to employee Leave Policy.

AREA DIRECTOR RECOMMENDATION:
In January Alliance’s call center will be changing to a 24/7 operation. As a result, there will be a need for some staff to work on holidays. After review of other managed care organizations and area local government pay programs, holiday compensation is recommended for call center staff. In addition to pay for hours worked on the assigned shift, a holiday allowance of $150 dollars will be paid to the employee working on the holiday. A more detailed procedure will be developed to implement the change.

Staff recommends approve of this policy change as presented.

RESOURCE PERSON(S):
Ellen Holliman
Valiria Willis
I. PURPOSE

The purpose of this policy is to establish a consistent system of leave for Alliance Behavioral Healthcare staff.

II. DEFINITION

Immediate Family: Husband/wife, children (biological and step), grandchildren, sister/ brother (biological, half, step), parents (biological and step), grandparents, parents-in-law, or other individuals designated as in loco-parentis and others living within the same household.

III. POLICY STATEMENT

Alliance Behavioral Healthcare recognizes the importance of balancing work and time away from the workplace and shall provide the following types of leave to employees as a privilege when approved by a supervisor according to applicable procedures.

A. Eligibility

All probationary, provisional, trainee and regular employees who work a minimum of 50% of a regular work schedule per week are eligible. All part-time employees are eligible on a pro-rated basis. Emergency, temporary employees and interns are not eligible for leave.

B. Types of Leaves

1. Administrative Leave

Alliance Behavioral Healthcare may grant paid administrative leave as a benefit to eligible employees, when the reason for leave does not fit an established paid leave category.

Administrative Leave may be used for:
- civil leave when subpoenaed as a witness on behalf of Alliance Behavioral Healthcare or other governmental jurisdiction;
- jury duty;
- donation of blood;
- injury or illness associated with the first 7 days of Worker’s Compensation (per fiscal year);
- investigatory suspension or Fitness for Duty; and
- academic involvement at a pre-K to 12 educational institutions for up to 4 hours per month.
2. **Annual Leave**

Alliance Behavioral Healthcare shall provide annual leave based on the following accrual:

<table>
<thead>
<tr>
<th>Years</th>
<th>Hours/Per Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2</td>
<td>3.69 hrs</td>
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<tr>
<td>2-5</td>
<td>4.30 hrs</td>
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<tr>
<td>5-10</td>
<td>5.23 hrs</td>
</tr>
<tr>
<td>10-15</td>
<td>6.15 hrs</td>
</tr>
<tr>
<td>15-20</td>
<td>7.07 hrs</td>
</tr>
<tr>
<td>Over 20</td>
<td>8.00 hrs</td>
</tr>
</tbody>
</table>

Maximum Carry Over: 240 hours (30 days)

At the end of the first full pay period of each fiscal year, any accrued vacation leave in excess of 30 days will be converted to sick leave.

Annual leave pay outs, up to the maximum of 30 days, are made upon separation from Alliance Behavioral Healthcare.

3. **Funeral Leave**

Alliance Behavioral Healthcare shall grant a benefit of up to 3 days per fiscal year of paid funeral leave to eligible employees to arrange for and attend the funeral of immediate family members.

Funeral leave is not intended to equate with the bereavement period. Funeral Leave may be taken in consecutive or nonconsecutive increments. Employees needing more than three 3 days may take annual leave, sick leave, or leave without pay.

4. **Holiday Leave**

On designated holidays, Alliance Behavioral Healthcare offices will be closed for business. Alliance shall offer (eight) 8 hours of paid time off for these designated holidays. Those functions that operate on a 24/7 basis will maintain a normal work schedule. Employees that are required and preapproved to work on designated holidays may be provided additional holiday compensation for the hours worked. The Area Director, Deputy Director, and Department/Unit Directors are not eligible for additional holiday compensation. The Area Director shall establish procedures to implement holiday compensation.

Designated holidays are:

- New Years Day
- Dr. Martin Luther King, Jr.’s Birthday
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Veterans Day
- Thanksgiving Day and the day after
  - Christmas and 1-2 additional days. If Christmas falls on:
    - Monday: Monday and Tuesday off
    - Tuesday: Monday, Tuesday, and Wednesday off
    - Wednesday: Tuesday, Wednesday, and Thursday off
    - Thursday: Wednesday, Thursday, and Friday off
    - Friday: Thursday and Friday off
    - Saturday: Friday and Monday off
    - Sunday: Friday and Monday off
5. **Management Leave**
Alliance Behavioral Healthcare may grant Management Leave to those employees who are exempt from the Fair Labor Standards Act. The Area Director shall establish procedures to implement Management leave.

6. **Military Leave**
Alliance Behavioral Healthcare shall grant paid time off for military obligations. Employees who are scheduled for reserve military duty are entitled to 120 hours (prorated for part-time employees) of paid leave per calendar year. Leave Without Pay will be granted for additional time if required for training purposes beyond the allowable 120 hours each year. The employee may elect to use vacation leave, management leave, or leave without pay. Military leave without pay is granted for one enlistment period of active service (not to exceed 4 years) plus the 90 days immediately following the enlistment period.

7. **Sick Leave**
Alliance Behavioral Healthcare shall grant sick leave to employees for, among other things, personal illness and the illness of immediate family members. Doctor and dentist visits, as well as, all doctor-ordered quarantines may be charged to sick leave. When an employee’s sick leave balance has been depleted, the system will automatically default to annual leave or leave without pay.
   a. Sick leave may be accrued indefinitely with no limit on maximum accumulation at the following rate: 3.69 hrs per pay period (12 days per year)
   b. Sick leave is not compensable in any final leave payments when an employee separates from service.
   c. Employees transferring from other North Carolina state or local governmental entities or who are reinstated within three years of separation from Alliance Behavioral Healthcare may request and shall be credited with previously accrued sick leave. Sick leave transferred to Alliance Behavioral Healthcare in this manner may be used by employees the same as sick leave earned while working for Alliance Behavioral Healthcare.
ITEM: Board Training – Due Process, Grievances and Appeals

DATE OF BOARD MEETING: December 13, 2012

REQUEST FOR AREA BOARD ACTION:
This training is being offered to provide an overview of State and Federal due process requirements in the managed care environment.

CEO RECOMMENDATION:
Accept the training as provided.

RESOURCE PERSON(S):
Tracy Hayes, General Counsel
ITEM: Appointment of a Process Agent

DATE OF BOARD MEETING: December 13, 2012

REQUEST FOR AREA BOARD ACTION:
Request for Board to approve General Counsel as Agent for Service of Process in accordance with Rule 4(j)(5)(c) of the North Carolina Rules of Civil Procedure.

CEO RECOMMENDATION:
Approve the General Counsel as Agent for Service of Process.

RESOURCE PERSON(S):
Ellen Holliman
Tracy Hayes, General Counsel
ITEM: CEO Updates on Contracts with Cumberland and Johnston LMEs, Medicaid Waiver Start Date, and Alternative Board Structure

DATE OF BOARD MEETING: December 13, 2012

REQUEST FOR AREA BOARD ACTION:
The Board is requested to receive updates on:
A. The status of contract negotiations with the Cumberland and Johnston LMEs.
B. The delay in Alliance’s Medicaid Waiver start date to February 1, 2013.
C. Alliance’s request to the NC Department of Health and Human Services to authorize Alliance to appoint members of the area board in a manner or with a composition other than as required by G.S. § 122C-118.1.

CEO RECOMMENDATION:
Receive the updates

RESOURCE PERSON(S):
Ellen Holliman, CEO
November 30, 2012

MEMORANDUM

TO: Ellen Holliman  
CEO of Alliance Behavioral Healthcare

FROM: Albert A. Delia

Re: Proposed revision to start date for MCO

DHHS is in agreement with your recommendation for a one month delay to February 1, 2013 in the start date for Alliance Behavioral Healthcare MCO.

DHHS is committed to proceeding with the 1915 b/c waiver implementation as planned, which will improve access to quality services for people with mental health, developmental disability and substance abuse service needs in North Carolina. Our implementation schedule was constructed to allow for flexibility in start dates to ensure that each organization has the infrastructure in place for launch and ongoing operation. We appreciate the ongoing collaboration between Alliance Behavioral Healthcare and DHHS to reduce the possibility of negative impacts on both providers and consumers.

We appreciate your due diligence in assessing the financial and organizational impacts of a delay and have confidence that Alliance Behavioral Healthcare will be well positioned for a successful start in February. Thank you and your board for your hard work and commitment to our shared vision of community management of the MH/DD/SAS system.
December 7, 2012

Albert Delia, Acting Secretary
NC Department of Health and Human Services
2001 Mail Service Center
Raleigh, NC 27699-2001

Secretary Delia,

In accordance with Session Law 2012-151 providing boards of county commissioners within a multicounty area with a catchment population of at least 1,250,000 the option to appoint members of the area board in a manner or with a composition other than as required by G.S. § 122C-118.1, we respectfully submit this request to you to exercise that option for the four-county region served by Alliance Behavioral Healthcare.

The boards of county commissioners of Durham, Wake, Cumberland and Johnston counties each approved subsequent to July 12, 2012 a unanimous resolution setting forth the specific manner of selecting and the alternative composition of the Alliance area board. Certified copies of these resolutions from Durham, Cumberland and Johnston accompany this request along with an unexecuted copy of the Wake resolution, which was approved on December 3. A certified copy will be forwarded as soon as it is available.

The alternative board structure is intended to provide appropriate representation from each county with the Alliance catchment area as well as representation from critical areas of professional expertise and from consumers of the services managed by Alliance and their families and advocates.

We appreciate the continued support of your office as we move forward with our MCO implementation. If you need clarification or additional information please do not hesitate to contact me.

Best Regards,

Ellen S. Holliman
CEO

cc: Beth Melcher
Jim Jarrard
Lascel Webley, Jr.
WHEREAS, the General Assembly revised 122C-118.1- Structure of area board to allow Boards of County Commissioners within a multicounty area with a catchment population of at least 1,250,000 to have the option to appoint members of the area board in a manner or with a composition other than as required by this Section by each county unanimously adopting a resolution to that effect and receiving written approval from the Secretary of DHHS; and

WHEREAS, the Boards of County Commissioners of Durham and Wake Counties approved by joint resolution the creation of Alliance Behavioral Healthcare, a multicounty area authority pursuant to N.C. General Statue 122C-115 for the provision of mental health, developmental disabilities and substance abuse services effective April 23, 2012;

NOW, THEREFORE, BE IT RESOLVED by the Cumberland County Board of Commissioners that comprises the catchment area for Alliance Behavioral Healthcare that the Board of Directors for the area authority shall be appointed as follows:

The Area Board will consist of Eight (8) members shall be appointed by Durham County, six (6) members shall be appointed by Wake County and Two seats shall be at-large. No member shall serve more than three (3) consecutive full terms. The process for appointment shall be according to the following general terms and conditions:

a. Eight (8) Area Board members shall be appointed by the Durham County Board of Commissioners. Seated members now serving on the The Durham Center Board shall transition to the new Area Board and serve terms consistent with the requirements set forth in N.C. Gen. Stat. § 122C-118.1(d). Board representatives will include one (1) with business expertise, one (1) with financial expertise and one (1) person who represents the interest of children as required
by G.S. 122C-118.1(a). Additionally two (2) consumers/ families/ advocates will be appointed. A Board member may concurrently represent two categories of membership.

b. Six (6) Area Board members shall be appointed by the Wake County Board of Commissioners. Board representatives will include one (1) with business expertise, one (1) with financial expertise and one (1) person who represents the interest of children as required by N.C. Gen. Stat. § 122C-118.1(a). Additionally two (2) consumers/ families/ advocates will be appointed. A Board member may concurrently represent two categories of membership.

c. The area authority shall fill the two (2) at-large seats consistent with the criteria currently required by the Alliance Behavioral Healthcare by-laws. The at-large seats shall initially be filled by one (1) representative from each Johnston and Cumberland counties and said appointees shall hold their seat for the duration of the contract agreement between the Alliance Area Authority and the respective counties. Upon termination of the contract agreement between the new Alliance and Johnston and Cumberland counties, the at-large seats shall be filled in accordance with needs and wishes of Alliance Behavioral Healthcare. Other Area Board requirements will be jointly developed consistent with the requirements of N.C. Gen. Stat. § 122C-118.1. Alliance Behavioral Healthcare Area Authority will accept applications, interview and recommend appointments to the Board of County Commissioners.

The Chairman of the Board declared this Resolution adopted this 19th day of November, 2012.

Cumberland County Board of Commissioners

By: W. Marshall Faircloth, Chairman
Board of County Commissioners
of Durham County

Resolution Approving Alternative Board Structure for the
Alliance Behavioral Healthcare Area Authority pursuant to N.C.
Gen. Stat. § 122C-118.1

WHEREAS, the General Assembly revised 122C-118.1- Structure
of area board to allow Boards of County Commissioners within a
multicounty area with a catchment population of at least
1,250,000 to have the option to appoint members of the area
board in a manner or with a composition other than as required
by this Section by each county unanimously adopting a resolution
to that effect and receiving written approval from the Secretary
of DHHS; and

WHEREAS, the Boards of County Commissioners of Durham and
Wake Counties approved by joint resolution the creation of
Alliance Behavioral Healthcare, a multicounty area authority
pursuant to N.C. General Statute 122C-115 for the provision of
mental health, developmental disabilities and substance abuse
services effective April 23, 2012;

NOW, THEREFORE, BE IT RESOLVED by the Durham County Board
of Commissioners that comprises the catchment area for Alliance
Behavioral Healthcare that the Board of Directors for the area
authority shall be appointed as follows:

The Area Board will consist of Eight (8) members who shall be
appointed by Durham County, six (6) members who shall be
appointed by Wake County and Two seats which shall be at large.
No member shall serve more than three (3) consecutive full
terms. The process for appointment shall be according to the
following general terms and conditions:

a. Eight (8) Area Board members shall be appointed
by the Durham County Board of Commissioners.
Seated members now serving on the The Durham
Center Board shall transition to the new Area
Board and serve terms consistent with the
requirements set forth in N.C. Gen. Stat. § 122C-118.1(d). Board representatives will include one
(1) with business expertise, one (1) with
financial expertise and one (1) person who
represents the interest of children as required
by G.S. 122C-118.1(a). Additionally two (2) consumers/families/advocates will be appointed. A Board member may concurrently represent two categories of membership.

b. Six (6) Area Board members shall be appointed by the Wake County Board of Commissioners. Board representatives will include one (1) with business expertise, one (1) with financial expertise and one (1) person who represents the interest of children as required by N.C. Gen. Stat. § 122C-118.1(a). Additionally two (2) consumers/families/advocates will be appointed. A Board member may concurrently represent two categories of membership.

c. The area authority shall fill the two (2) at large seats consistent with the criteria currently required by the Alliance Behavioral Healthcare by-laws. The at large seats shall initially be filled by one (1) representative each from Johnston and Cumberland counties and said appointees shall hold their seat for the duration of the contract agreement between the Alliance Area Authority and the respective counties. Upon termination of the contract agreement between the new Alliance and Johnston and Cumberland counties, the at large seats shall be filled in accordance with needs and wishes of Alliance Behavioral Healthcare. Other Area Board requirements will be jointly developed consistent with the requirements of N.C. Gen. Stat. § 122C-118.1. Alliance Behavioral Healthcare Area Authority will accept applications, interview and recommend appointments to the Board of County Commissioners.

The Chairman of the Board declared this Resolution adopted this 26th day of November 2012.

Durham County Board of Commissioners

By: [Signature]
Chairman
Board of County Commissioners of Johnston County  
Resolution Approving Alternative Board Structure  
for the Alliance Behavioral Healthcare Area Authority  
Pursuant to N.C. Gen. Stat. § 122C-118.1

WHEREAS, the General Assembly revised 122C-118.1 - Structure of area board to allow Boards of County Commissioners within a multicounty area with a catchment population of at least 1,250,000 to have the option to appoint members of the area board in a manner or with a composition other than as required by this Section by each county unanimously adopting a resolution to that effect and receiving written approval from the Secretary of DHHS; and

WHEREAS, the Boards of County Commissioners of Durham and Wake Counties approved by joint resolution the creation of Alliance Behavioral Healthcare, a multicounty area authority pursuant to N.C. General Statue 122C-115 for the provision of mental health, developmental disabilities and substance abuse services effective April 23, 2012;

NOW, THEREFORE, BE IT RESOLVED by the Johnston County Board of Commissioners that comprises the catchment area for Alliance Behavioral Healthcare that the Board of Directors for the area authority shall be appointed as follows:

The Area Board will consist of: eight (8) members shall be appointed by Durham County, six (6) members shall be appointed by Wake County and two (2) seats shall be at large. No member shall serve more than three (3) consecutive full terms. The process for appointment shall be according to the following general terms and conditions:

a. Eight (8) Area Board members shall be appointed by the Durham County Board of Commissioners. Seated members now serving on The Durham Center Board shall transition to the new Area Board and serve terms consistent with the requirements set forth in N.C. Gen. Stat. § 122C-118.1 (d). Board representatives will include one (1) with business expertise, one (1) with financial expertise and one (1) person who represents the interest of children as required by G.S. 122C-118.1(a). Additionally two (2) consumers/families/advocates will be appointed. A Board member may concurrently represent two categories of membership.

b. Six (6) Area Board members shall be appointed by the Wake County Board of Commissioners. Board representatives will include one (1) with business expertise, one (1) with financial expertise and one (1) person who represents the interest of children as required by N.C. Gen. Stat. § 122C-118.1(a).
Additionally two (2) consumers/families/advocates will be appointed. A Board member may concurrently represent two categories of membership.

c. The area authority shall fill the two (2) at large seats consistent with the criteria currently required by the Alliance Behavioral Healthcare by-laws. The at large seats shall initially be filled by one (1) representative from each Johnston and Cumberland Counties and said appointees shall hold their seat for the duration of the contract agreement between the Alliance Area Authority and the respective counties. Upon termination of the contract agreement between the new Alliance and Johnston and Cumberland Counties, the at large seats shall be filled in accordance with needs and wishes of Alliance Behavioral Healthcare. Other Area Board requirements will be jointly developed consistent with the requirements of N.C. Gen. Stat. § 122C-118.1. Alliance Behavioral Healthcare Area Authority will accept applications, interview and recommend appointments to the Board of County Commissioners.

The Chairman of the Board declared this Resolution adopted this 1st day of October 2012.

Johnston County Board of Commissioners

Attest:

[Signature]
Paula G. Woodard
Clerk to the Board
ALLIANCE BEHAVIORAL HEALTHCARE

Ellen Holliman, Chief Executive Officer

JOHNSTON COUNTY AREA MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE AUTHORITY

Janis Nutt, Ph.D., Area Director

WITNESSES:

Donison L. Willis

Tracy J. Hayes
ITEM: Additional Board Seats

DATE OF BOARD MEETING: December 13, 2012

REQUEST FOR AREA BOARD ACTION:
The Board is invited to review a request from Cumberland and Johnston counties for additional Alliance Behavioral Healthcare board seats.

CEO RECOMMENDATION:
Receive the Request

RESOURCE PERSON(S):
Ellen Holliman, CEO
STATEMENT OF INTENT

This Statement of Intent is between the Alliance Behavioral Healthcare ("Alliance") and Cumberland County Area Mental Health, Developmental Disabilities and Substance Abuse Authority, a body politic and corporate ("Cumberland LME") dated this 19th day of November 2012.

Whereas, the Alliance is contracting with Cumberland LME to perform certain PIHP and LME functions as permitted by state and federal law and regulations and the MCO Waiver Contract between the Alliance and the State of North Carolina;

Whereas, contracted services will include maintaining a local presence in Cumberland County and providing an understanding of the complexities of the providers, consumers and other stakeholders in each County;

Whereas, this Statement of Intent is subject to the negotiation of definitive transaction documents and other related agreements and is conditioned upon approval by the Alliance Board of Directors ("Board"), the Durham County Board of Commissioners ("Durham County"), the Wake County Board of Commissioners ("Wake County"), and Cumberland LME.

NOW THEREFORE THE PARTIES AGREE AS FOLLOWS:

1. Upon execution of this Statement of Intent, the Alliance and Cumberland LME agree to promptly commence good faith negotiations to amend the Interlocal Agreement among Alliance and Cumberland LME with respect to the allocation of seats on the Alliance Board to Cumberland LME.

2. Alliance Management, including its Chief Executive Officer will, in good faith, use their best efforts to secure support for not less than three (3) full voting Board seats for allocation to Cumberland LME to be selected by the Cumberland County Board of Commissioners. The efforts of Alliance Management will include good faith advocacy for support of the Alliance Board, Durham County, Wake County, and such other parties as may be required to amend the Interlocal Agreement and the Alliance Board composition to allocate additional Board seats to Cumberland LME.

3. The parties hereto understand and agree that the allocation of additional Board seats to Cumberland LME is subject to the agreement of the Alliance Board, Durham County, and Wake County and Cumberland LME.
4. This agreement shall not have any affect whatsoever on any merger discussions or agreements among the County of Cumberland, North Carolina and Alliance.

ALLIANCE BEHAVIORAL HEALTHCARE

[Signature]
Ellen S. Holliman
Area Director

Date
11-19-12

CUMBERLAND COUNTY AREA MENTAL HEALTH,
DEVELOPMENTAL DISABILITIES AND
SUBSTANCE ABUSE AUTHORITY

[Signature]
Hank Debnam
Area Director

Date
11/19/2012

Witness

[Signature]
Witness

[Signature]
Witness
STATEMENT OF INTENT

This Statement of Intent is executed by and between Alliance Behavioral Healthcare ("Alliance") and Johnston County Area Mental Health, Developmental Disabilities and Substance Abuse Authority ("Johnston LME"), dated this 21st day of November 2012.

Whereas, Alliance is contracting with Johnston LME to perform certain PIHP and LME functions as permitted by state and federal law and regulations and the MCO Waiver Contract between Alliance and the State of North Carolina;

Whereas, contracted services will include maintaining a local presence in Johnston County and providing an understanding of the complexities of the providers, consumers and other stakeholders in each County;

Whereas, this Statement of Intent is expressly conditioned upon approval by the Alliance Board of Directors ("Alliance Board"), the Durham County Board of Commissioners ("Durham County"), the Wake County Board of Commissioners ("Wake County"), and Johnston LME.

NOW THEREFORE THE PARTIES AGREE AS FOLLOWS:

1. Upon execution of this Statement of Intent, Alliance and Johnston LME agree to promptly commence good faith negotiations to amend the Interlocal Agreement between Alliance and Johnston LME with respect to the allocation of seats on the Alliance Board to Johnston LME.

2. Alliance Management, including its Chief Executive Officer will, in good faith, use her best efforts to secure support for not less than three (3) full voting Board seats for allocation to Johnston LME, to be nominated by the Johnston County Board of Commissioners. The allocation of additional Board seats to Johnston County is subject to the agreement of the Alliance Board, Durham County, Wake County and Johnston LME. The efforts of Alliance Management will include good faith advocacy for support of the Alliance Board, Durham County, Wake County, and such other parties as may be required to amend the Interlocal Agreement and the Alliance Board composition to allocate additional Board seats to Johnston County.

3. Alliance and Johnston LME understand and agree that the allocation of additional Board seats to Johnston County is subject to the agreement of the Alliance Board, Durham County, Wake County and Johnston LME. Nothing in this Statement of Intent should be construed to be a guarantee that any of those entities will approve the allocation of additional Board seats to Johnston County.
ALLIANCE BEHAVIORAL HEALTHCARE

[Signature]
Ellen Holliman, Chief Executive Officer

JOHNSTON COUNTY AREA MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE AUTHORITY

[Signature]
Janis Nutt, Ph.D., Area Director

WITNESSES:

[Signature]
Donison L. Willis

[Signature]
Tracy J. Hayes
ITEM: Wake Behavioral Divestiture Plan

DATE OF BOARD MEETING: December 13, 2012

REQUEST FOR AREA BOARD ACTION:
The request is for the Alliance Board to accept the update regarding Wake County’s plan to divest of Wake Behavioral services. Wake County Gov’t is in the midst of divesting behavioral health programming due to a noted conflict under the structure of the Medicaid Waiver. A Planning Committee has been established and a consultant hired to develop a divestiture plan. The draft plan is scheduled to be presented before the Planning Committee on Friday, December 14th. Once the plan is finalized, it is expectation of Alliance to work with Wake County and key stakeholders to execute the plan.

CEO RECOMMENDATION:
Accept this Update

RESOURCE PERSON(S):
Rob Robinson